PATENT APPLICATION FEE DETERMINATION RECO									+ + > = 4.	J., OI .	merine: No	411061
Effective October 1, 2003									14	70	ن دا	377
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE .	ENTITY	OF	OTHE	R THAN ENTITY
T	OTAL CLAIM!	S	17		·			RATE		٦Ű	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F			BASIC FE	
TOTAL CHARGEABLE CLAIMS			\7 minus 20=		• 0			X\$ 9=		7		
INDEPENDENT CLAIMS			U minus 3 ≠		• (X43=		+	- OF	`\	Cari
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT							-JOF	X86=	10
* If the difference in column 1 is less than zero, enter "0" in column 2								+145=		OF	+290=	
								TOTAL		OF	TOTAL	8:54
3	3/10/05 (Column 1) (Column 2) (Column 3)						_	SMALI	ENTITY	OR	-	THAN ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAIO F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE	-]	RATE	ADDI- TIONAL FEE
ION	Total	. 17	Minus	1-17	<u> </u>	-0		X\$ 9=		OR	X\$18=	9
AM	Independent	NITATION OF ME	Minus	DENDENT	<u> </u>	- 70	ſ	X43=		OR	X86=	St.
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	À
4/14/05							L	TOTAL		OR	TOTAL	
<u>Y</u>	<u> 19103</u>	(Column 1)		(Colum	n 2)	(Column 3)	·Ai	DDIT. FEE		_ 10,,	ADDIT, FEE	-23
AMENOMENT B		CLAIMS REMAINING AFTER AMENOMENT	·	HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	• / /	Minus .	-20)	- 0		XS 9=		OR	XS18=	D.
A A	Independent	NTATION OF MU	Minus	- 4	21 4414	- 2		X43=		OR	X86=	D
	11107171202	ivality or mo	LIPLE DEF	ENDENT	LAIM			+145=		OR	+290=	
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(Column 1) (Column 2) (Column 3)												O
AMENOMENI C		CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		e .		XS 9=		OR	X\$18=	-155
	ndependent		Minus	. ***	•	2	\vdash	X43≘			X86=	
	FIRST PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT C	LAIM		H			OR	A00±	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=	
— (t)	ine "Highest Nur The "Highest Nur	nber Previously Paix moer Previously Paid per Previously Paid	For IN THIS	SPACE IS NO	es than	20, enter "20."		TOTAL OIT. FEE			TOTAL ODIT. FEE	